Consent and Capacity Board

Annual Report 2010-2011

(Fiscal Period – April 1, 2010 to March 31, 2011)

Ontario

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CHAIR' S MESSAGE

I am very pleased to report on the Consent and Capacity Board (CCB) for the fiscal year 2010-2011.

The CCB achieved its legislated requirements regarding the scheduling of its hearings, decision release, and issuance of written reasons.

During this period the *Mental Health Act* was amended by Bill 16 giving the CCB jurisdiction over transfer requests by patients and institutions to other facilities. It also created changes to the Community Treatment Order process that promoted efficiencies without materially affecting the spirit of the legislation as it pertains to patient's rights.

The CCB's profile in the Mental Health Community has gained significant stature. Our members were asked to help organize and present numerous informative education seminars to the general public. Others have been asked to teach and help prepare curriculum for the creation of Mental Health Certificate Programs at York University and the University of Toronto.

We have now completed five separate CCB templates, dealing with our most common applications. These templates are online and assist all users of the system in preparing their cases in a cogent, logical, efficient fashion. They save much time, and most important, protect the therapeutic alliance between the patient and the physician.

To date we have completed 90 Performance Evaluations including 58 this fiscal year. The evaluations have been welcomed by our members who are eager to improve their performance.

There was one formal complaint since the implementation of our Complaints Procedure Policy this year. I am pleased to say it was resolved to everyone's satisfaction. The Policy is posted on our web site.

A partnership with McMaster University was created regarding the development of an e-health module to assist in the often complex completion of forms involving Involuntary Admissions. This will also become part of the medical curriculum of first year psychiatric residents in Ontario. It is our goal to achieve a presence in all medical, nursing, social work curriculums in order to leave them with a CCB tool kit should they ever have to engage us in their professional practices.

Despite the fact that the CCB continues to see an increase in its average number of applications and subsequent number of hearings, costs are being closely monitored and controlled.

I would like to take this opportunity to thank the dedicated staff and members of the CCB for their contributions during this fiscal year.

The Honourable
Justice Edward F. Ormston

OVERVIEW AND JURISDICTION

The Consent and Capacity Board (CCB) is an independent Board with a mandate to adjudicate on matters of capacity, consent, civil commital, substitute decision-making and other issues affecting citizens of Ontario, the health care community and other government agencies.

The Consent and Capacity Board meets its legislative obligations by:

- adjudicating consistently and in a timely fashion;
- issuing high-quality Decisions and Reasons for Decision; and
- creating an environment of respect for the system and the CCB and for those who interact with it.

The work of the CCB is internationally recognized and respected, in part because of these factors.

Over 70 percent of applications to the CCB involve a review under the *Mental Health Act* of a person's involuntary status in a psychiatric facility, or a review under the *Health Care Consent Act* of a person's capacity to consent to or refuse treatment.

Jurisdiction of the Consent and Capacity Board

The CCB is responsible for holding hearings and making decisions on matters in which four elements are paramount:

1. The safety of the individual - incapacitated or mentally ill people can be easily abused physically or psychologically, and can sometimes cause harm to themselves, intentionally or unintentionally;
2. The interests of the community - confinement and/or treatment are sometimes necessary for individuals who are likely at risk to cause harm to self or other persons as a result of mental disorder;
3. Dignity and autonomy of the individual - liberty and the right to choose where one will live, whether to take treatment and if so, the nature of such treatment, and how to manage one's property and finances; and
4. The right of a person to have treatment when required.

The CCB's authority to hold hearings arises under the following legislation:

Health Care Consent Act

- Review of a finding of incapacity to consent to treatment, admission to a care facility or a personal assistance service;
- Consideration of the appointment of a representative to make decisions for an incapable person with respect to treatment, admission to a care facility or a personal assistance service;
- Giving directions on issues of treatment, admission to care facilities and personal assistance services;
- Consideration of a request for authority to depart from prior capable wishes of an incapable person;
- Review of a decision to consent to an admission to a hospital, psychiatric facility or other health facility for the purposes of receiving treatment;
- Review of a substitute decision-maker's compliance with the rules for substitute decision-making; and
- Consideration of a request to amend or terminate the appointment of a representative.

Mental Health Act

- Review of involuntary status (i.e., civil committal);
- Review of a finding of incapacity to manage property;
- Determination of whether an involuntary patient should be transferred to another psychiatric facility;
- Review of whether a young person (aged 12 - 15) requires observation, care and treatment in a psychiatric facility; and
- Review of a Community Treatment Order.

Substitute Decisions Act

- Review of a finding of incapacity to manage property.

Personal Health Information Protection Act

- Review of a finding of incapacity to consent to the collection, use or disclosure of personal health information;

- Review of a substitute decision maker's compliance with the rules for substitute decision-making; and

- Consideration of the appointment of a representative for a person incapable to consent to the collection, use or disclosure of personal health information.

Mandatory Blood Testing Act

- If an individual has come into contact with another person's bodily fluid, the individual can apply to the Medical Officer of Health to have a blood sample of the other person analyzed for HIV, Hepatitis B & C.

- If the Medical Officer of Health cannot obtain a voluntary blood sample or cannot locate the individual the Medical Officer of Health shall refer the application to the Board.

- The Board will decide whether the individual should be ordered to provide a blood sample.

ORGANIZATION

The CCB is an independent adjudicative Board created under the *Health Care Consent Act* and receives its jurisdiction from that Act. It adjudicates under the *Health Care Consent Act*, the *Mental Health Act*, the *Substitute Decisions Act*, the *Personal Health Information Protection Act* and the *Mandatory Blood Testing Act*.

Members of the CCB are appointed by Order-in-Council. As of March 31, 2011, the CCB had 129 appointed members. In addition to the Chair, CCB members include 44 Lawyers, 43 Psychiatrists, and 42 Public Members. The CCB has a staff complement of 12 public servants who support the work of the CCB members.

The CCB is an expert tribunal. CCB panels are generally composed of a lawyer, a psychiatrist, and a public member. As a quasi-judicial body, the CCB maintains an arm's length relationship with the Ministry of Health and Long-Term Care, and receives administrative services and support through the Corporate Services Division. The CCB functions under statutory requirements and a Memorandum of Understanding between the Chair of the CCB, and the Minister and Deputy Minister of Health and Long-Term Care.

PERFORMANCE MEASURES

The *Health Care Consent Act, 1996*, sets out three legislated performance measures for the CCB:

1. A hearing is to commence within seven (7) days from the receipt of an application;

2. The CCB must issue its Decision within one day of the conclusion of the hearing; and

3. Upon the request of a party, the CCB must issue written Reasons for its Decision, within four business days of receiving such a request.

The CCB has consistently achieved these legislative requirements. The CCB holds hearings across the province. Most hearings are held in psychiatric facilities, but hearings to review an individual's capacity to make their own treatment decisions or to mange their assets, etc. may be held in long-term care facilities, private homes, or any other venue. The seven–day deadline to schedule a hearing, which involves the assignment of a hearing panel, synchronizing the schedules of the applicant's counsel, health care practitioner and other parties required at the hearing, presents a significant logistical challenge that is unique to the CCB.

The CCB submits an annual Business Plan to the Minister of Health and Long-Term Care as required under the *Management Board of Cabinet's Agency Establishment and Accountability Directive (AEAD)*. Additionally, as per the AEAD the CCB also completed a risk assessment template in December 2010 that will be updated on a regular basis.

2010-11 ACCOMPLISHMENTS

Outreach and Education Activities:

1. The CCB continued its informative public outreach program to inform healthcare providers, healthcare organizations, and the public at large about the roles and responsibilities of the CCB, its processes, and the associated implications for healthcare professionals and individuals. Additionally the CCB contacted organizations with which it has regular contact to inform them of this public education initiative, and to encourage those organizations to participate. Any interested organization can request a seminar on a variety of topics. The Board has created a library of presentations to ensure consistent messaging within its seminars and allow the Board to easily provide copies of presentations to interested participants. In 2010/2011 the CCB provided 13 education seminars on a variety of topics such as substitute decision making, child and youth capacity issues and powers of attorney.

2. CCB Summary templates created for use by clinicians appearing before the CCB were refined and improved. The templates were designed to help clinicians organize their evidence and present it to the panel so hearings are conducted in a less adversarial, more focused and more efficient manner. These summaries have been streamlined and edited to be more user-friendly. The CCB Summary templates cover reviews of involuntary status, treatment and admission to long-term care facilities, determinations of principles of substitute decision making and community treatment orders. All CCB Summary templates are available on the CCB website. The CCB continues to visit health care facilities throughout the province to demonstrate to health practitioners the usefulness of this tool.

3. A lawyer member and a physician member offer presentations to groups of psychiatrists and other health care professionals on effective preparation for and participation in CCB hearings. Six such presentations were delivered during this fiscal year. These were very well received.

4. Curriculum and program for the Annual General Meeting, an important full day educational session for all members and staff, were developed.

Training and Quality Assurance:

1. The CCB improved its new member training program which now encompasses three distinct aspects: observing hearings, attending classroom training, and conducting hearings with an experienced member acting as mentor to the new member.

2. Continued implementation of the CCB Performance Evaluation Program for the assessment of the performance of CCB members and to enhance the quality of adjudication and provide improved accountability. Every CCB member has a minimum of one performance evaluation during the term of each of his/her Order-in-Council. The evaluation is done in relation to a set of standards that were established by the members, and reflect their view of how their performance should be measured. The Board completed 58 Performance Evaluations this year.

3. Continue to review any complaints concerning the conduct of members, pursuant to the CCB Complaint Policy. The policy is accessible on the CCB's website. 1 complaint was received during the 2010/11 fiscal year.

4. Completed a project, in partnership with McMaster University to create an e-module to be used by medical practitioners and to be included in the medical school curriculum pertaining to psychiatric students. McMaster faculty and CCB members collaborated in developing a CCB education portion for first year students. The aim is to provide improved education for new health practitioners as to their roles and responsibilities and relationship with the CCB.

Scheduling Operations:

1. The Board commenced integration of videoconferencing into CCB hearing operations. By December 2010 all permanent scheduling staff had been trained in the use of the videoconference equipment and scheduling. During the 2010/11 fiscal year the Board convened 7 video conference hearings.

   Videoconferencing is currently used as an option in both remote areas of the province where no local Board membership exists, and in situations where it is not possible for a full panel to attend a hearing in person. Videoconferences have been convened with some members of the panel attending in person at the hearing, as well as with all members of the panel attending from Toronto via videoconference. There have been some initial challenges in convening hearings via video in northern facilities, as these sites frequently use their suites for clinical purposes, making it more difficult to book them within the tight time constraints of the CCB. Overall the Board has had some success using this format for hearings.

BOARD MEMBERS' TRAINING AND PROFESSIONAL DEVELOPMENT

Member training is a priority for the CCB. CCB members are required to perform at the highest level of skill and training to ensure that the correct decision is made, and proper procedures followed.

The CCB has an intensive in-house training program and training protocol whereby new members observe hearings in preparation for participation in a two-day classroom training program, provided by experienced senior members and legal counsel. Following this, they participate in training panels, assisted by a mentor, until they are ready to undertake the full duties of a sitting member.

Annual General Meeting

The 2010 Annual General Meeting was designed to provide education and learning opportunities for CCB members and staff.

As has been done in the past, CCB members and staff participated in small group exercises to reinforce their knowledge and skill base as well as to submit feedback and ideas regarding future policy development. Other topics and presentations included dealing with self represented participants at hearings, staff and members working together to provide the best service possible, information technology security and privacy issues, and a legal update.

The feedback obtained from members, guests, speakers and staff indicates that the 2010 Annual General Meeting was effective in achieving its learning objectives and allowed the membership and staff of the CCB to better appreciate their role.

LEGAL

Bill 16, *Creating the Foundation for Jobs and Growth Act, 2010*

Bill 16 amended the *Mental Health Act* (MHA) to permit an involuntary patient, a person on his or her behalf, or the officer in charge of the psychiatric facility where the patient is currently detained to apply to the CCB for an order transferring the patient to another psychiatric facility.

The Bill also amended the *MHA* to allow physicians to issue or renew a community treatment order even if the person subject to the order has not consulted with a rights adviser or if a rights adviser has made best efforts to locate the person and the person could not be located. If the Public Guardian and Trustee is the person's substitute decision-maker, a physician may renew the community treatment order even if the Public Guardian and Trustee has not consulted with a rights advisor. The *MHA* was also amended to indicate that an order for examination does not terminate a community treatment order.

ADMINISTRATION, OPERATIONS AND SCHEDULING

Hearings and Scheduling

The scheduling unit maintained the highest standards of customer service while also meeting its legislative requirement to schedule hearings within 7 days. The transitional period which began in 2009/10 continued throughout 2010/11. Some staffing changes took place, roles began to be better defined and the team continued with ongoing efforts aimed at increasing efficiency and improving processes.

Case Management Database

The CCB's case management system was introduced in April 2006 and tracks the progress of all the applications before the CCB. The system is used to create physical application files, assists the schedulers in coordinating hearings and paperwork and maintains a record of all applicants before Board.

At this time, the current case management system has evolved to a degree which cannot be exceeded. The CCB has commenced its initial review of case management requirements and anticipates implementing a new case management system in 2012.

Caseload

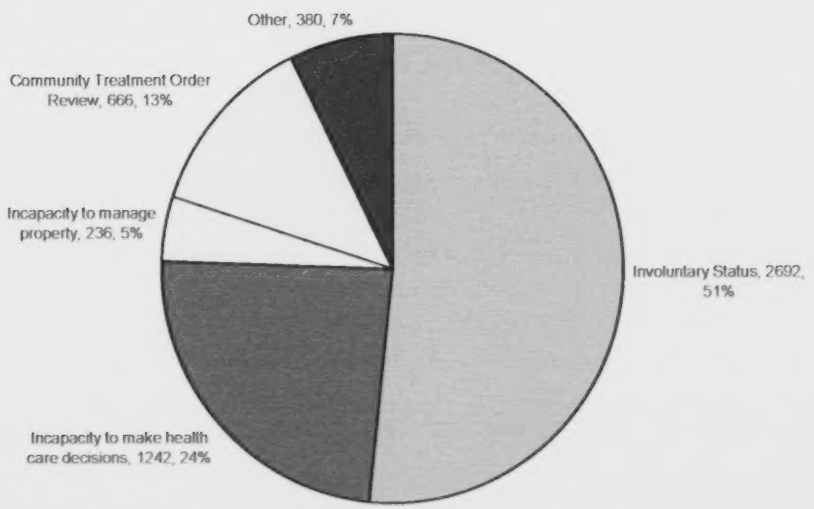
2006/2007		2007/2008		2008/2009		2009/2010		2010/2011	
Apps	Hearing	Apps	Hearing	Apps	Hearing	Apps	Hearing	Apps	Hearing
4476	1998	4504	2051	4705	2212	5092	2365	5216	2566
Increase per year		0.6%	2.7%	4.5%	7.8%	8.2%	6.9%	2.4%	8.4%

The increase in applications arises from an across-the-board increase in business. The most significant increases the Board experienced were related to the following applications:

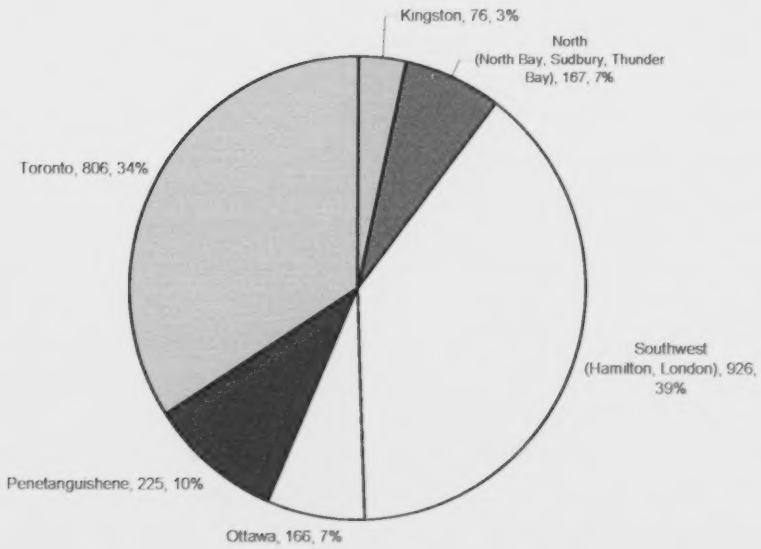
- community treatment orders (CTO)
- treatment incapacity determinations
- reviews of substitute decision making

Causes for the increase in numbers may include the creation of useful tools for health practitioners to use at hearings, such as the CCB summary templates. Additionally there may be an increase in the usage of community mental health resources as in the case of CTOs or as the population ages the need for advanced health care decisions increases as in the case for substitute decision making.

Breakdown of Application Type
2010/11 Fiscal Year


Other, 380, 7%
Community Treatment Order Review, 666, 13%
Incapacity to manage property, 236, 5%
Involuntary Status, 2692, 51%
Incapacity to make health care decisions, 1242, 24%

Regional Breakdown of Hearings Convened (%)
2010/11 Fiscal Year


Kingston, 76, 3%
North (North Bay, Sudbury, Thunder Bay), 167, 7%
Toronto, 806, 34%
Southwest (Hamilton, London), 926, 39%
Penetanguishene, 225, 10%
Ottawa, 166, 7%

APPEALS

A party to a proceeding before the CCB has the right to appeal the CCB's decision to Ontario's Superior Court of Justice within seven days after receipt of the CCB's decision. The CCB is responsible for creating the record of appeal and ordering the transcripts for the hearing in question. These documents are then served on the parties and filed with the court.

The following are the number of appeals received by the CCB and their outcomes. The appeal information is based on calendar year and not the fiscal year.

YEAR	WITHDRAWN/ ABANDONED	DISMISSED	ALLOWED	UNKNOWN AND/OR OPEN	TOTAL
2003	25	7	2	19	53
2004	17	4	3	16	40
2005	15	8	3	23	49
2006	22	16	0	12	50
2007	19	12	0	25	56
2008	11	7	0	26	44
2009	10	8	3	25	46
2010	15	4	0	39	58
TOTAL	**134**	**66**	**11**	**185**	**396**

Note: Appeal outcomes may not correspond to the calendar year the appeal was initially filed.

FINANCIAL INFORMATION

In 2010/2011, the CCB received a budget allocation of $4,800,700.

As a result of videoconference and teleconference hearings, the CCB realized a reduction in expenditures due to reduced member travel costs.

There were no *per diem* increases for the 2010 fiscal year, which contributed to a stabilization of the Board's payment to members.

The CCB will continue to review all aspects of its operations to enhance administrative efficiencies and to implement cost-savings or cost-avoidance strategies, as appropriate.

Financial Expenditure Report (April 1, 2010 to March 31, 2011)

	Internal Allocation	Actual Expenditures	Surplus (Deficit)
DIRECT OPERATING EXPENSE			
Salaries and Wages	627,300	1,097,218	($469,918)
Benefits	78,100	201,176	($123,076)
Subtotal	$705,400	$1,298,394	($592,994)
OTHER DIRECT OPERATING EXPENSES			
Transportation and Communications	314,300	352,328	($38,028)
Services	3,433,500	3,710,232	($276,732)
Supplies and Equipment	347,500	21,563	$325,937
Subtotal	$4,095,300	$4,084,123	$11,177
TOTAL OPERATING EXPENSES	**$4,800,700**	**$5,382,517**	**($581,817)**

CONSENT AND CAPACITY BOARD
LIST OF MEMBERS
(AS OF MARCH 31, 2011)

	First Name	Last Name	Date First Appointed	Date Current Term Expires
Chair				
Justice	Edward Ormston		June 01, 2006	May 31, 2014
Lawyer Members				
Mr.	Joseph	Baker	December 15, 2005	December 14, 2013
Ms.	June	Bell	September 06, 2006	September 05, 2012
Ms.	Susan	Bigelow	June 15, 2010	June 14, 2012
Ms.	Rose-Gabrielle	Birba	June 28, 2006	June 27, 2014
Ms.	Mary Jane	Campigotto	May 02, 2007	May 01, 2012
Mr.	Philippe	Capelle	May 17, 1999	May 16, 2013
Ms.	Elsy	Chakkalakal	April 04, 2007	April 03, 2012
Mr.	Theodore	Charuk	November 22, 2000	March 31, 2012
Mr.	Philip	Clay	October 16, 2002	October 25, 2013
Mr.	Bernard	Comiskey	November 02, 2005	November 01, 2013
Mr.	Douglas	Coo	April 11, 2006	April 10, 2014
Mr.	Paul	DeVillers	March 29, 2006	March 28, 2014
Mr.	Normand	Forest	December 12, 2001	December 11, 2012
Mr.	Brock	Grant	March 23, 2005	April 15, 2012
Mr.	Nathalie	Gregson	June 20, 2007	June 19, 2011
Mr.	Michael	Hennessy	August 21, 2003	August 20, 2014
Mr.	Albert	Hubbard	July 04, 2001	July 03, 2012
Ms.	Judith	Jacob	April 03, 1995	April 02, 2012
Ms.	Carolyn	Jones	August 25, 2004	August 24, 2012
Ms.	Shayne	Kert	March 24, 2004	March 23, 2012
Ms.	Erin	Lainevool	June 20, 2007	June 19, 2016
Ms.	Michele	Lawford	September 15, 2010	September 14, 2012
Mr.	Roger	Leclaire	February 21, 2007	February 20, 2012
Ms.	Nina	Lester	June 17, 2009	June 16, 2014
Ms.	Susan	Lightstone	February 21, 2007	February 20, 2012
Ms.	Karen	Lindsay-Skynner	April 03, 2002	July 20, 2013
Ms.	Catherine	McDonald	September 15, 2010	September 14, 2012
Mr.	Patrick	Murphy	October 26, 2005	October 25, 2013
Mr.	Michael	Newman	October 21, 1998	April 01, 2013
Ms.	Susan	Opler	November 21, 2001	November 20, 2012
Ms.	Judith	Pascoe	May 04, 2005	May 03, 2013
Ms.	Lora	Patton	September 24, 2009	September 23, 2012
Mr.	Brendon	Pooran	February 22, 2011	February 21, 2013

Ms.	Judith	Potter	October 26, 2005	October 25, 2013
Ms.	Jill	Presser	March 29, 2006	March 28, 2014
Ms.	Holly	Rasky	June 06, 2007	June 05, 2012
Mr.	Roger	Rowe	November 10, 2005	November 09, 2013
Ms.	Lucille	Shaw	January 04, 2011	January 03, 2013
Mr.	Bernard	Starkman	February 27, 2002	May 03, 2013
Mr.	Larry	Steacy	March 24, 2004	March 23, 2012
Ms.	Colleen	Sylvester	August 25, 2004	August 24, 2012
Ms.	Shirley	Wales	March 23, 2005	March 22, 2013
Mr.	Eugene	Williams	January 05, 2006	January 04, 2014
Psychiatrist Members				
Dr.	Nural	Alam	January 13, 1999	January 12, 2013
Dr.	Federico	Allodi	February 21, 2001	April 22, 2013
Dr.	Rajiv	Bhatla	November 22, 2000	March 31, 2015
Dr.	Dominique	Bourget	June 22, 2006	June 21, 2014
Dr.	Donald	Braden	October 06, 1999	October 17, 2013
Dr.	John	Bradford	June 06, 2007	June 05, 2012
Dr.	Gary	Chaimowitz	July 04, 2001	July 03, 2012
Dr.	Ranjith	Chandrasena	June 01, 1986	April 02, 2014
Dr.	Yoland	Charbonneau	August 23, 1993	April 02, 2012
Dr.	Peter	Cook	July 04, 2001	July 03, 2012
Dr.	Andre	Cote	October 23, 1986	April 02, 2012
Dr.	Isabelle	Cote	June 30, 2000	June 29, 2014
Dr.	Raymond	Denson	January 03, 2003	January 02, 2013
Dr.	Jack	Ellis	August 10, 2006	August 09, 2014
Dr.	Joseph	Ferencz	January 15, 2007	January 14, 2012
Dr.	Russel	Fleming	June 05, 1996	June 04, 2014
Dr.	Alison	Freeland	May 30, 2006	May 29, 2014
Dr.	Donald	Galbraith	January 13, 1994	April 02, 2014
Dr.	Rose	Geist	February 27, 2008	February 26, 2013
Dr.	Joseph	Glaister	May 17, 1999	June 21, 2013
Dr.	Tom	Hastings	December 06, 2006	December 05, 2011
Dr.	John	Johnson	July 23, 1993	April 02, 2012
Dr.	William	Komer	December 18, 2001	December 17, 2012
Dr.	Stephen	List	May 03, 2006	May 02, 2014
Dr.	Eric	MacLeod	June 06, 1968	April 02, 2012
Dr.	William	Maley	February 06, 2002	February 05, 2013
Dr.	Rahul	Manchanda	June 17, 1993	April 02, 2014
Dr.	Paul	Max	June 30, 2000	August 09, 2014
Dr.	Robert	McCurley	April 14, 2010	April 13, 2012
Dr.	Helen	Meier	June 01, 1986	April 02, 2014
Dr.	John	Pellettier	October 02, 2002	November 01, 2013
Dr.	Emmanuel	Persad	March 24, 2004	March 23, 2012
Dr.	Quentin	Rae-Grant	June 05, 1996	June 04, 2014

Dr.	Vivian	Rakoff	August 25, 2004	August 24, 2012
Dr.	Jonathan	Rootenberg	May 16, 2007	May 15, 2012
Dr.	Edward	Rotstein	June 06, 2007	June 05, 2012
Dr.	Gerald	Shugar	July 04, 2001	July 03, 2012
Dr.	Marvin	Silverman	July 11, 1990	April 02, 2012
Dr.	Cameron	Stevenson	June 05, 1996	June 04, 2012
Dr.	William	Surphlis	July 04, 2001	July 03, 2012
Dr.	Michele	Tremblay	November 20, 1992	April 02, 2012
Dr.	James	Wilkes	July 04, 2001	July 03, 2012
Dr.	Si-Ann	Woods	February 21, 2007	February 20, 2012
Dr.	Leslie	Wright	July 04, 2001	July 03, 2012
Public Members				
Mr.	Richard	Aaronson	August 01, 2003	July 31, 2014
Mr.	Robert	Adams	June 30, 2000	August 09, 2014
Ms.	Susan	Agranove	April 11, 2006	April 10, 2014
Mr.	David	Boothby	November 29, 2006	November 28, 2011
Mr.	Earl	Campbell	December 07, 2005	December 06, 2013
Ms.	Lois	Champion	August 12, 2008	August 11, 2013
Mr.	Ram	Chopra	August 25, 2004	August 24, 2012
Ms.	Joanna	Cutaia-Beales	February 10, 2006	February 09, 2014
Ms.	Shirley Ann	Dunn	February 03, 2006	March 03, 2014
Ms.	Dawn	Eccles	May 17, 2006	May 16, 2014
Mr.	Scott	Gale	November 10, 2005	November 09, 2013
Mr.	Hamlin	Grange	February 09, 2011	February 08, 2013
Ms.	Beverley	Hodgson	February 27, 2008	February 26, 2013
Ms.	Connie	Holmes	August 10, 2006	August 09, 2014
Ms.	Ileen	Howell	February 17, 2010	February 16, 2012
Mr.	Salvo	Johnson	April 14, 2010	April 13, 2012
Ms.	Janice	Laking	July 11, 2001	October 04, 2012
Ms.	Heather	Lareau	April 26, 2006	April 25, 2014
Ms.	Barbara	Laskin	February 10, 2006	February 09, 2014
Ms.	Sandra	LeBlanc	October 26, 2005	October 25, 2013
Ms.	Linda	Leong	November 17, 2005	November 16, 2013
Mr.	Pierre	Lessard	May 28, 2003	May 01, 2014
Ms.	Nechita	Lim-King	March 07, 2007	March 06, 2012
Mr.	Duncan	MacPhee	April 11, 2007	April 10, 2012
Mr.	George	Maroosis	July 05, 2007	July 04, 2016
Ms.	Joy	Martin	March 01, 2006	February 28, 2014
Ms.	Constance	McKnight	September 08, 2009	September 07, 2012
Mr.	Donald	McLeod	February 27, 2008	February 26, 2013
Ms.	Teresa	Michienzi	February 10, 2006	February 09, 2014
Ms.	Patricia	Muldowney-Brooks	February 03, 2006	February 02, 2014
Mr.	Takis	Pappas	October 02, 2002	October 25, 2013

Mr.	Panos	Petrides	April 11, 2006	June 19, 2016
Mr.	Paul	Philion	December 18, 2001	December 17, 2012
Ms.	Sabita	Prashad	September 15, 2010	September 14, 2012
Mr.	David	Simpson	November 18, 2009	November 17, 2011
Ms.	Lorraine	Steadman	February 03, 2006	February 02, 2014
Ms.	Jane	Stone	March 07, 2007	March 06, 2012
Mr.	Gary	Strang	September 24, 2003	September 23, 2014
Ms.	Elda	Thomas	March 23, 2005	March 22, 2013
Ms.	Joanne	Turner	September 06, 2006	September 05, 2012
Ms.	Debra	Waisglass-Bettel	October 26, 2005	October 25, 2013
Ms.	Joy	Wendling	April 16, 2008	April 15, 2013

STAFF OF THE CONSENT AND CAPACITY BOARD
(AS OF MARCH 31, 2011)

	First Name	Last Name	Position
Justice	Edward	Ormston	Chair
Mr.	Joaquin	Zuckerberg	Board Counsel
Ms.	Lorissa	Sciarra	Registrar & Senior Manager
Ms.	Cheryl	Young	Deputy Registrar
Ms.	Nadia	Ramnarine	Coordinator of Business Operations
Ms.	Manal	Hanna	Administrative Officer
Ms.	Saskia	Mulders	Financial Assistant
Ms.	Amrita	Zaman	Administrative Assistant
Mr.	Michael	Blakely	Case Coordinator
Ms.	Rosa	Cirillo	Case Coordinator
Ms.	Paula	Cabral	Case Coordinator
Ms.	Patricia	Godden	Case Coordinator
Ms.	Nicole	Ramlochan	Case Coordinator
Ms.	Angela	Moore	Intake/Inquiry Officer
Ms.	Karen	Walker	Case Management Coordinator